



PATIENT

Charlie Harrison

PRESENTING CLINICAL SIGNS

Charlie has slowly been losing weight over the last 1-2 years. No vomiting or diarrhea. Appetite seems OK.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ALT = 196 in June, now 131. All else is WNL. Full body rads = WNL Fecal and giardia = WNL

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (to a depth of 5.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

SEX

Neutered Male

The left kidney is hyperechoic, and exhibits mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 4.1 cm.

AGE

13 Years

The right kidney is hyperechoic, and exhibits mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 4.5 cm.

WEIGHT

14.9 Pounds

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 3.5 mm at the cranial pole and 3.1 mm at the caudal pole. The right adrenal gland measures 2.7 mm at the cranial pole and 2.9 mm at the caudal pole.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Spleen

The spleen is of appropriate size (7.4 mm at the hilus) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal.

IMAGING PERFORMED BY

Dr. Velasco

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Velasco

The gallbladder is minimally distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

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Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (2.5 mm) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

DATE

8/19/22

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.8 mm. Overall wall layering is preserved.



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The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction.

SPECIES

Feline

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

BREED

DSH

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Diffuse thickening of the small intestines – consistent with infiltrative bowel disease.

SECONDARY FINDINGS:

- Chronic renal changes

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or gastrointestinal lymphoma. Recommendations include:

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel, with cobalamin supplementation if indicated.
- ❖ Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- ❖ Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered. (dog only - Resting cortisol levels could also be considered).

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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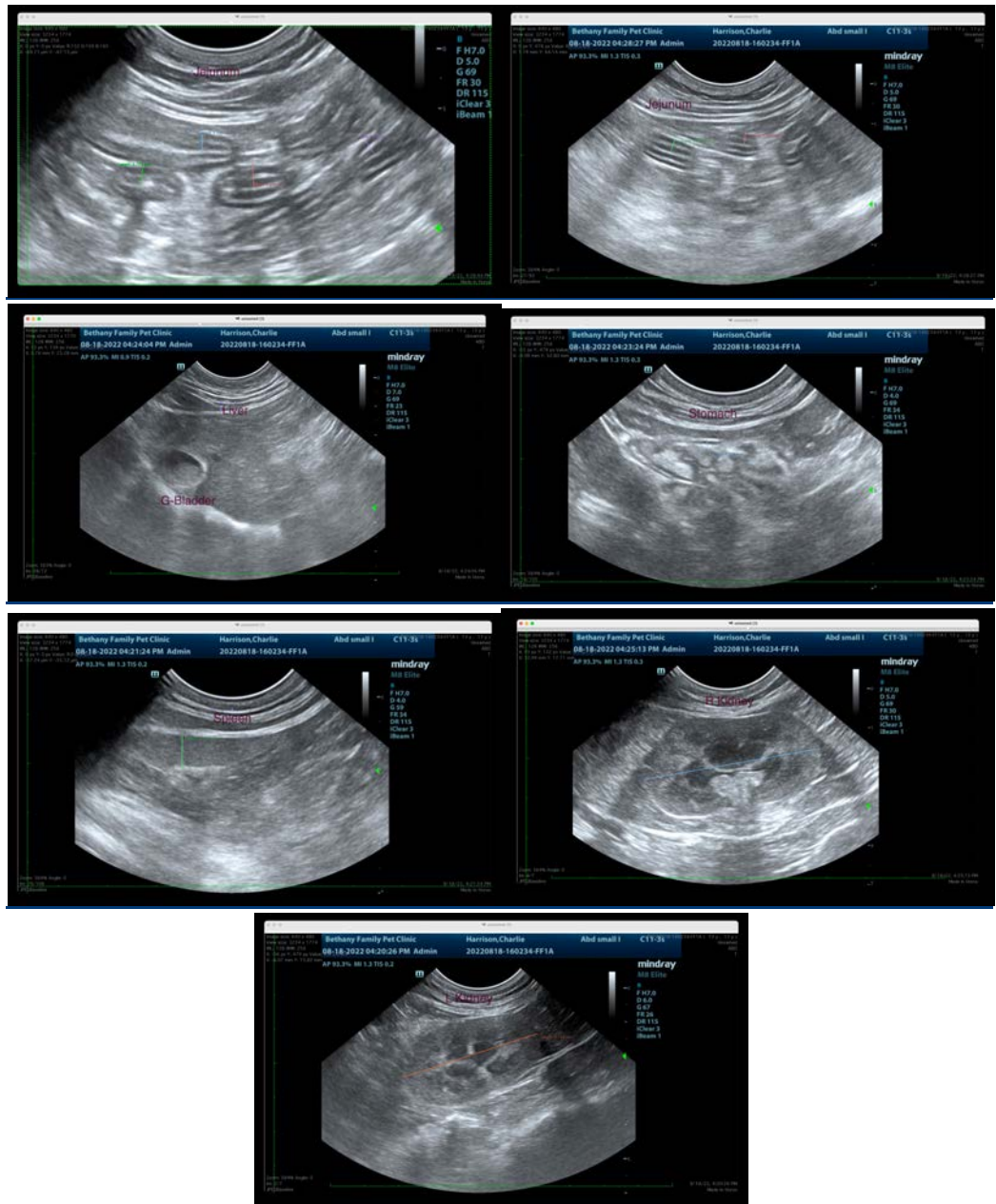
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Tam Mengine, DVM, DABVP (canine/feline practice)

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